

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hisao OKANIWA

Serial No: 10/689,354

Confirmation No: 4211

Filed: October 20, 2003

For: Hair Brush and Replaceable Cutting Unit for Hair Brush



Art Unit: 3724

Examiner: Peterson, Kenneth E.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
February 24, 2006

Date of Deposit

Juanita Soberanis

Name

Signature: *Juanita Soberanis* 2/24/2006

Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Small entity status has been claimed. See 37 CFR § 1.27.
☒ Petition for Extension of Time.
☒ Amendment and Response to Restriction Requirement.
☒ Return postcard.

The fee has been calculated as shown below:

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	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	25	-	25 **	0	LG=\$50 SM=\$25	\$25	\$ 0
INDEPENDENT CLAIMS FEE	2	-	5 ***	0	LG=\$200 SM=\$100	\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS		\$	
Independent Claims: 1 and 14						TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$____ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$____ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$795 for the Extension fee and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: February 24, 2006

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By:

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